



Senior EMS Instructor (SEI) Renewal of Recognition Application Instructions



I. Complete the SEI Application/Agreement Form (reverse side of this form), obtain County Medical Program Director (MPD) and County Council signatures, and mail complete package to the State Office (address below).

II. Document the following qualifications:

- A. Current CPR Instructor or Instructor Trainer Certificate
- B. Current Washington BLS or ALS Certificate
- C. Current or previous recognition as a Washington State Senior EMS Instructor

III. Document previous 36 month EMS instructional experience:

Points

- A. Coordinate approved First Responder, EMT-Basic or ALS courses, or approved CME classes for these courses. One point for each hour. (Maximum of 25 points)
- B. Teach approved First Responder, EMT-B or ALS courses or approved CME for these levels. One point for each hour. (A minimum of 15 hours with no more than 8 hours in any one subject, i.e., CPR, Extrication, MAST)
- C. Coordinate First Responder, EMT-B or ALS practical skill examination. Five points for each examination. (Maximum of 25 points)
- D. Monitor First Responder, EMT-B or ALS practical skill examination. One point for each hour. (Maximum of 25 points)
- E. Attend a recognized Regional/State/National Instructor Training Course or Training Seminar. One point for each hour. (Maximum of 40 points)

A Minimum of 150 points is required for renewal of recognition.

Total Points

IV. Send completed form and documentation to:

Office of Emergency Medical and Trauma Prevention
Education, Training & Regional Support Section
P.O. Box 47853
Olympia, Washington 98504-7853



Senior EMS Instructor (SEI) Renewal of Recognition Application/Agreement Form



I agree to comply with all training requirements of WAC 246-976-021, 031. 041 and ALL Administrative Training Requirements adopted by the Department of Health – Office of Emergency Medical and Trauma Prevention.

APPLICANT NAME – Print or Type	SIGNATURE	DATE-(MM/DD/YYYY)				
MAILING ADDRESS		ZIP CODE				
EMS REGISTRY NUMBER	WORK PHONE	HOME PHONE				
COUNTY	REGION					
Please check your current certified skill level:						
EMT	IV	AIRWAY	IV/AIRWAY	ILS	ILS/AIRWAY	PARAMEDIC

RECOMMENDATIONS

County EMS Council Chairperson (not required where county EMS council does not exist):

_____	_____	_____
Name (Please Print)	Signature	Date
Approve	Disapprove	
Reason for disapproval: (Required) _____		

County Medical Program Director (MPD):

_____	_____	_____
Name (Please Print)	Signature	Date
Approve	Disapprove	
Reason for disapproval: (Required) _____		

FINAL APPROVAL

DOH – EMS Education & Training Section:

_____	_____	_____
Name (Please Print)	Signature	Date
Approved	Disapproved	